



TALKING POINTS: Student Presentations

This document is intended to serve as guidance for New York State community suicide prevention stakeholders as they work with schools specifically around requests to provide student presentations.

Do no harm – Suicide is emotionally and socially contagious behavior. It is possible to do harm. We need to use care when framing messages to vulnerable students. Since 17% of high school students admit to having seriously thought about suicide within the previous year, we can assume that in any given classroom there are students who have struggled with suicidal thoughts, some who may be helping others who are at risk, and some who have lost friends or family members to suicide. We can assume the topic might bring suicide into the foreground for vulnerable students. The recommendations below are intended to assist you in your endeavor to provide thoughtful, helpful and safe messages and programming.

Help-seeking and healthy coping are the goal – The goal of any student presentation should be that students with thoughts of suicide are more likely to reach out to trusted adults in school and in the community and more likely to engage in healthy coping behaviors. Presentations should emphasize how to identify trusted adults. Presenters from outside the school community should use care to identify and reinforce the critical role of trusted adults and student support staff in school. And the “trusted adults” at school and in the community (teachers, staff and parents) need to know what is expected of them to assist a student asking for help with suicidal thoughts or behaviors.

Pathway to care – A positive result of presentations to students is that more students will self-identify or be identified by their peers as having thoughts of suicide. Efforts should be made, before any presentation to students, to assess the “Pathways to care” available to students and their families. Procedures should be reviewed for consistency with best practice.

Integrated and not stand alone – rather than one time assembly-type presentations, it is recommended that schools use an evidence-based, developmentally appropriate curriculum or program that can be integrated into health curriculum with similar topics.

Avoid assemblies – In order to maintain the attention and engagement of students in a large group, often the speaker has to be very charismatic and the presentation emotionally charged. Research on suicide contagion has demonstrated that an emotionally charged assembly can increase the vulnerability of at-risk youth in the audience. In addition, there is research that demonstrates that one time presentations like assemblies have no sustained impact. A classroom format where content about suicide is delivered in a more matter-of-fact/emotionally neutral manner is much safer and more effective.



Avoid death stories – There is a good deal of teen literature that attempts to address suicide through stories of a tragic student death. Often these stories are on a blame-based theme of wrongs committed by other students or adults who either contributed to, caused, or were oblivious to the suicide death. These themes can feed into some common ideas that suicidal students have about suicide. Suicidal students often think their voice and their pain will be better heard, and they will be given more compassion if they die. School based memorials may also feed into the fantasy that students who die are more respected and less invisible to the school population.

Another common idea is that the responsibility for the death doesn't ultimately lie with the person who made the decision to end their own life, but with others. This idea undermines the sense of agency that students need to keep themselves safe against thoughts of suicide.

A third concern about such stories is that many students have had experiences with losing a family member or another community member from suicide or other traumatic death. Grief from suicide is often complicated with moral injury and an oversized sense of responsibility. Presentations with an emphasis on blame may further complicate healing and recovery and feelings of shame, guilt, and blame.

Another popular theme is that adults are incapable of helping. Often these stories emphasize adults who don't understand, don't care, or make things worse. Such stereotyping reinforces codes of silence that interfere with efforts to encourage help-seeking.

Avoid prevalence statistics – Teens often misinterpret statistical data and the data can make suicide seem like it is a larger part of teen culture or more socially acceptable than it is. Most students don't have suicidal thoughts and most students get through tough times. Awareness events and assignments should emphasize hope, help and strength.

Use developmentally appropriate materials – While we have many community gatekeeper trainers in New York State, we do not support using materials that were designed for adult community gatekeepers with students in schools.

Carefully facilitate discussion to guard against unsafe self-disclosures - When facilitating classroom discussions, it is possible that students may perceive that they have permission to talk openly about their own or another student's experiences with suicide. Don't leave students vulnerable. Be clear about the importance of keeping personal experiences private. Explain that staff members can be approached for private conversations about these topics.

Personal meaningful examples – Research suggests that positive themed messages that emphasize positive help-seeking experiences and positive coping are impactful and effective at influencing social norms and perceptions about suicide.